

**ALLEN BEALS, M.D., J.D.**  
Commissioner of Health

**ROBERT MORRIS, P.E.**  
Director of Environmental Health



**MARYELLEN ODELL**  
County Executive

## **DEPARTMENT OF HEALTH**

1 Geneva Road, Brewster, New York 10509  
Telephone: (845) 808-1390; Fax: (845) 278-7921

August 30, 2012

Roy Fredriksen, P.E.  
PO Box 950  
Mahopac, NY 10541

Re: Proposed Water & Sewer Connections  
for Swan Cove  
(T) Carmel, TM 76.5-1-49

Dear Mr. Fredriksen:

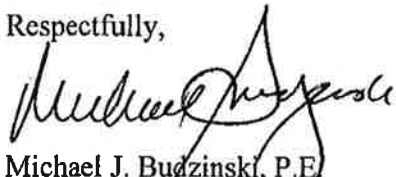
This Department has received and reviewed the submitted application and plans for the above referenced project and the following comments are offered for your consideration.

1. The invert elevations for the new sanitary manhole and existing sanitary manhole have not been specified on Sheet 1.
2. The proposed water main connection is to be shown in its entirety to the existing water main.
3. The location of the existing well is to be shown on the plan.
4. A well abandonment permit application is to be submitted.
5. A set of building floor plans is to be submitted.
6. Please provide this office with a copy of the issued NYSDEC Wetland Permit.
7. Have the project plans been submitted to and approved by the NYCDEP?
8. Please provide this office with a letter from the Town of Carmel stating that there is sufficient excess capacity in the Carmel Sewer District #1 for the proposed increase in sewage flows.
9. Please provide this office with a letter from the Town of Carmel stating there is sufficient excess capacity under adequate pressure in Carmel Water District #1 for the proposed water supply demand.
10. The following details are to be provided on the plan:
  - a. Sanitary sewer trench
  - b. Sanitary sewer manhole
11. Calculations for the sizing of the sewage pumps are to be provided and a manufacturer's pump curve with the operating ranges shown is to be submitted.
12. What is the groundwater elevation at the sewage pump station location?
13. Buoyancy calculations for the sewage pump station are to be provided.
14. The site plan specifies a proposed yard hydrant although a fire hydrant detail is shown on the plans. Consideration should be made to specify a fire hydrant at the end of the water main.
15. The hydrant detail makes reference to the Town of Woodstock in Note #1 which is inaccurate.

16. What electrical components will the proposed generator power?
17. Sizing calculations for the generator are to be provided.
18. The proposed water main and water service connections crossing the sewer line are to be shown on the sanitary sewer profile.
19. A sewer profile is to be provided from the proposed sewage pump station to the existing sanitary sewer manhole.
20. What is the 100-year flood elevation at the project site?
21. Technical specifications for the installation and testing of the sanitary sewer mains and manholes are to be provided.
22. What is the status of SEQR for this project?
23. Has the Town Planning Board approved the proposed project?
24. Do water and sewer utility easements exist for the water and sewer connections?

Upon completion of the above, this Department will continue its review. Kindly advise us if there are any questions.

Respectfully,



Michael J. Budzinski, P.E.  
Director of Engineering

MJB:cw

cc: Dan Shedlo, DEP

Roy Fredriksen, PE  
Consulting Engineer  
Design Planning Construction

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Phone (518) 928-0265

PO Box 950  
Mahopac, NY 10541

Swan Cove Condominium Units

US Route 6 & 6N

Mahopac, New York

Sewage Flows and Water Supply



August 16, 2012

Swan Cove is located on the South end of Lake Mahopac, behind Mahopac Savings Bank and having access from Route 6N. The site is 27,354SF in area and has 146 feet of lake frontage.

The site presently has seven structures with a total of 9 units. There are 14 bedrooms in all the units. The sewage from all the units go to a central pump chamber which discharges via Force Main to a Town Sewer. The Town Sewer is part of Carmel Sewer District No. 1 which goes to the sewage treatment plant located at Croton Falls Road and Route 6. The units are served by an on site well which is presently monitored by the Putnam County Health Department.

The owners are proposing to redevelop the site into 10 condominium units. There will be two structures with 5 units in each building. Each unit will have two bedrooms for a total of 20 bedrooms. The sewage will be collected in a 6" sewer which discharges to a new sewage Duplex Pump Station. The sewage is then pumped to the Town Sewer. The pump station will have an emergency source of power from a 22 kilowatt generator fueled by natural gas.

The units will be provided water from a water main which runs along US Route 6 and is part of Carmel Water District No 1. There will be a 6" tap and main which runs in a easement through property of Mahopac National Bank.

1. Existing Sewage Flows

9 units with 14 Total Bedrooms

$$14 \times 150 \text{ gal/day/bedroom} = 2100 \text{ gal/day}$$

2. Proposed Sewage Flow

10 units with 2 bedrooms per unit

20 total bedrooms

$$20 \times 150 \text{ gal/day/bedroom} = 3000 \text{ gal/day}$$

$$20\% \text{ credit for water saving devices} = 600 \text{ gal/day}$$

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$$\text{Design Flow} = 2400 \text{ gal/day}$$

There will be an increase in sewage flow to Carmel Sewer District No 1 of approximately 300 gal/day.

**PUTNAM COUNTY DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

**LETTER OF AUTHORIZATION**

RE: Property of Tommy BONIELLO, ETAL  
Located at 628 ROUTE 6, MAHOPAC, N.Y. 10541  
T/V CARMEL Tax Map # 76.5 Block 1 Lot 49  
Subdivision of                       
Subdivision Lot #                      Filed Map #                      Date Filed                     

Gentlemen:

This letter is to authorize Roy A. FREDRIKSEN  
a duly licensed Professional Engineer ☒ or Registered Architect                      to apply for the required  
wastewater treatment and/or water supply permit(s) to serve the above-noted property in accordance  
with the standards, rules or regulations as promulgated by the Public Health Director of the Putnam  
County Health Department, and to sign all necessary papers on my behalf in connection with this  
matter and to supervise the construction of said wastewater treatment and/or water supply systems in  
conformity with the provisions of Article 145 and/or 147 of the Education Law, the Public Health  
Law, and the Putnam County Sanitary Code.

Countersigned:  
P.E., R.A., #

Roy A. Fredrikson  
50505

Mailing Address

PO Box 950

State

NY

Zip

10541

Telephone:

518-928-0265

Very truly yours,

Signed:

Tommy Bonello  
(Owner of Property)

Mailing Address:

888 RT 6

State

N.Y.

Zip

10541

Telephone:

845 621 1317

**PUTNAM COUNTY DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

**APPLICATION FOR APPROVAL OF PLANS FOR  
A WASTEWATER TREATMENT SYSTEM**

1. Name and address of applicant: Tommy BONIELLO, ETAL  
888 ROUTE 6  
MAHOPAC, NY 10541
2. Name of project: Swan Cove 3. Location T/V: CARMEL
4. Design Professional: Roy FREDRIKSEN 5. Address: PO Box 950  
MAHOPAC, N.Y 10541
6. Drainage Basin: AMHAWALK
7. Type of Project:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Private/Residential   | <input type="checkbox"/> Food Service       | <input type="checkbox"/> Commercial            |
| <input checked="" type="checkbox"/> Apartments | <input type="checkbox"/> Institutional      | <input type="checkbox"/> Mobile Home Park      |
| <input type="checkbox"/> Office Building       | <input type="checkbox"/> Realty Subdivision | <input type="checkbox"/> Other (specify) _____ |
8. Is this project subject to State Environmental Quality Review (SEQR)?  
Type Status (check one)..... Type I ☐ Exempt ☐  
Type II ☐ Unlisted ☒
9. Is a Draft Environmental Impact Statement (DEIS) required? ..... No
10. Has DEIS been completed and found acceptable by Lead Agency? ..... —
11. Name of Lead Agency ..... —
12. Is this project in an area under the control of local planning, zoning, or other officials, ordinances? ..... yes
13. If so, have plans been submitted to such authorities? ..... yes
14. Has preliminary approval been granted by such authorities? \_\_\_ Date granted: \_\_\_\_\_
15. Type of Sewage Treatment System Discharge..... surface water \_\_\_ groundwater
16. If surface water discharge, what is the stream class designation? .....
17. Waters index number (surface) .....
18. Is project located near a public water supply system? ..... yes
19. If yes, name of water supply CWP #1 Distance to water supply \_\_\_\_\_
20. Is project site near a public sewage collection or treatment system? ..... yes
21. Name of sewage system CSD #1 Distance to sewage system \_\_\_\_\_
22. Date test holes observed — 23. Name of Health Inspector —
24. Project design flow (gallons per day) 2400 2400 gpd
25. Is State Pollutant Discharge Elimination System (SPDES) Permit required?... yes
26. Has SPDES Application been submitted to local DEC office? .....

27. Is any portion of this project located within a designated Town or State wetland? No Yes
28. Wetlands ID Number.....
29. Is Wetlands Permit required? ..... Yes
- Has application been made to Town or Local DEC office? ..... Yes
30. Does project require a DEC Stream Disturbance Permit? ..... No
31. Is or was project site used for agricultural activity involving application of pesticides to orchards or other crops, solid or hazardous waste disposal, landfilling, sludge application or industrial activity? ..... Yes/No No
32. Is project located within 1,000 feet of existing or abandoned landfill, hazardous waste site, salt stockpile, landfill, sludge disposal site or any other potentially known source of contamination? ..... Yes/No No

DESCRIBE:

33. Is there a local master plan on file with the Town or Village? ..... Yes
34. Are community water and/or sewer facilities planned to be developed within 15 years in or adjacent to project site? ..... N/A
35. Are any sewage treatment areas in excess of 15% slope? ..... N/A
36. Tax Map ID Number ..... Map 765 Block 1 Lot 49
37. Approved plans are to be returned to ..... Applicant ✓ Design Professional

NOTE: All applications for review and approval of a new SSTS to be located within the NYC Watershed shall be sent to the Department, and need not be sent in duplicate to the DEP, although the project may require DEP approval of the SSTS prior to final approval by the Department. Projects within the watershed may also require DEP review and approval of other aspects of a project, such as stormwater plans or the creation of impervious surfaces, and the project applicant should obtain the appropriate forms for such activities from DEP and submit those forms to DEP for review and approval.

If the application is signed by a person other than the applicant shown in Item 1., the application must be accompanied by a Letter of Authorization (Form LA-97). Failure to comply with this provision may be grounds for the rejection of any submission.

*I hereby affirm, under penalty of perjury, that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.*

**SIGNATURES & OFFICIAL TITLES:**

Ray G. Friedman

PO Box 950

Mailing Address: .....

МАНОРАС, Н.У. 10541



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**PUTNAM COUNTY DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

**CONSTRUCTION PERMIT FOR SEWAGE TREATMENT SYSTEM**

**PAID**  
8/16/12

PERMIT # 000212-C

Located at 628 ROUTE 6, MAHOPAC, N.Y. Town or Village CARMEL \$720-

Subdivision name — Subd. Lot # — Tax Map 76.5 Block 1 Lot 49

Date Subdivision Approved — Renewal — Revision —

Owner/Applicant Name TOMMY BONIELLO, ETAL Date of Previous Approval —

Mailing Address 888 ROUTE 6, MAHOPAC, N.Y. Zip 10541

Amount of Fee Enclosed \$720.

Building Type 10 Condominium <sup>SF</sup> 27,354 No. of Bedrooms 20 Design Flow GPD 2400

Fill Section Only <u>      </u> Depth <u>      </u> Volume <u>      </u> <b>PCHD NOTIFICATION IS REQUIRED WHEN FILL IS COMPLETED</b>
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Separate Sewerage System to consist of        gallon septic tank and       

Served By CSD # 1

Other Requirements:       

To be constructed by        Address       

Water Supply: ☒ Public Supply From CWD # 1 Address       

or: ☐ Private Supply Drilled by        Address       

I represent that I am wholly and completely responsible for the design and location of the proposed system(s) and that the separate sewerage treatment system described above will be constructed as shown on the approved amendment thereto and in accordance with the standards, rules and regulations of the Putnam County Department of Health, and that on completion thereof a "Certificate of Construction Compliance" satisfactory to the Public Health Director will be submitted to the Department, and a written guarantee will be furnished the owner, his successors, heirs or assigns by the builder, that said builder will place in good operating condition any part of said sewage treatment system during the period of two (2) years immediately following the date of the issuance of the approval of the Certificate of Construction Compliance of the original system or any repairs thereto.

Signed: Ray G. Fredrussi P.E. ☒ R.A.        Date 8/16/12

Address PO Box 950, MAHOPAC, N.Y. 10541 License # 50505

**APPROVED FOR CONSTRUCTION:** This approval expires two years from the date issued unless construction of the sewage treatment system has been completed and inspected by the PCHD and is revocable for cause or may be amended or modified when considered necessary by the Public Health Director. Any revision or alteration of the approved plan requires a new permit. Approved for discharge of domestic sanitary sewage only.

By:        Title:        Date:       

White copy - HD File; Yellow copy - Building Inspector; Pink copy - Owner; Orange copy - Design Professional  
Form CP-97

PROJECT I.D. NUMBER

617.20

Appendix C

State Environmental Quality Review

# SHORT ENVIRONMENTAL ASSESSMENT FORM For UNLISTED ACTIONS Only

## PART I—PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR	Tommy BONIELLO, ETAL	2. PROJECT NAME	Swan Cove
3. PROJECT LOCATION:			
Municipality	Carmel	County	PuTnam
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	AT Intersection of Routes 6 & 6N, MAHOGAN TM 76.5-1-49		
5. IS PROPOSED ACTION:			
<input type="checkbox"/> New <input type="checkbox"/> Expansion <input checked="" type="checkbox"/> Modification/alteration			
6. DESCRIBE PROJECT BRIEFLY:	RE development of SITE FROM EXIST. 9 APARTMENTS INTO 10 Condominium UNITS.		
7. AMOUNT OF LAND AFFECTED:			
Initially <u>.63</u> acres Ultimately <u>.63</u> acres			
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	ZBA VARIANCES granted in 1954 and 2009.		
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?			
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other			
Describe:			
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(s) and permit/approvals	TOWN PLANNING BOARD PCHD		
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency name and permit/approval			
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
Applicant/sponsor name:	Roy G. Fredman		Date: 8/16/12
Signature:			

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

OVER